

Declaration for U.S. Patent Application

As a below named inventor, We/I hereby declare that:

Our residence, post office address and citizenship are as stated below next to our names.

We/I believe We/I are the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD TO RECOVER BRINE FROM DRILLING FLUIDS, the application of which is attached hereto unless the following is checked

- ☐ was filed on _____, as United States Application Number _____ and
☐ was amended on _____ (if applicable).

We/I hereby state that We/I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above.

We/I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

We/I hereby claim foreign priority benefits under Title 35, United States Code, § 119 (a) - (d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application for which priority is claimed:

(List prior foreign applications.)	_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	Priority Claimed ___ Yes ___ No
	_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	___ Yes ___ No
	_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	___ Yes ___ No
	_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	___ Yes ___ No

___ See attached list for additional prior foreign applications

We/I hereby claim the benefit under Title 35, United States Code, § 120 or § 119(e) of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, We/I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(List Prior U.S. Applications)	_____ (Appln. Serial No.)	_____ (Filing Date)	_____ (Status: Patented, Pending, Abandoned)
	60/463,021	April 15, 2003	Pending
	_____ (Appln. Serial No.)	_____ (Filing Date)	_____ (Status: Patented, Pending, Abandoned)
	_____ (Appln. Serial No.)	_____ (Filing Date)	_____ (Status: Patented, Pending, Abandoned)

We/I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Martha Ann Finnegan Reg. No. 31,453; Michelle B. Lando, Reg. No. 33,941;
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We/I hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18 of the United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(See note C above).

Full name of first inventor (given name, family name) Michael Harris

Inventor's signature  Date 9th April 2004

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Full name of second inventor (given name, family name) _____

Inventor's signature _____ Date _____

Residence _____ Citizenship _____

Post Office Address _____

Full name of third inventor (given name, family name) _____

Inventor's signature _____ Date _____

Residence _____ Citizenship _____

Post Office Address _____

Full name of fourth inventor (given name, family name) _____

Inventor's signature _____ Date _____

Residence _____ Citizenship _____

Post Office Address _____